

FAIR POLITICAL PRACTICES COMMISSION

428 J Street • Suite 620 • Sacramento, CA 95814-2329 (916) 322-5660 • Fax (916) 322-0886

October 19, 2010

Michael Gardner 1600 9th Street, #420 Sacramento, CA 95821

Re: FPPC Case # 100910 Doreen Cease

Dear Mr. Gardner:

This letter acknowledges that the Enforcement Division of the Fair Political Practices Commission has received your correspondence regarding the above-named matter(s). Thank you for providing us with this information.

Your correspondence has been referred to staff for review, so that we may determine what action, if any, the Enforcement Division should take in light of the information provided. We will contact you if we need more information, and we will apprise you of whatever action we ultimately take.

Meanwhile, if you have any questions, or if you wish to speak with someone in the Enforcement Division about your correspondence, you may call us at (916) 322-5660.

Enforcement Division TR:lss

SWORN COMPLAINT FORM

(Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission. This form must be completed in its entirety and all pertinent information must be stated on this form, not as an attachment.

Mail the complaint to:

Enforcement Division

Fair Political Practices Commission

428 J Street, Suite 620

Sacramento, California 95814

Person Making Complaint						
Last name:	Gardner					
First Name:	Michael					
Street Addre						
City: Sacra	mento	State: CA				
Zip: 9582	1 -					
Telephone:	(_916) _651 3819					
Fax:	(916) 651 - 3922					
E-mail:	Redacted <u>/</u>					

*IMPORTANT NOTICE

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the persons(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC (916-322-5660 or toll free at 866-ASK-FPPC) and discuss the complaint with an Enforcement Division attorney.

Complaint Person or Persons who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)
Last Name: Cease
First Name: Doreen
Street Address:
City: State:
Zip:
Telephone: (
Fax: (
E-mail:
E-mail: Provision or Provisions of the Political Reform Act Allegedly Violated: (If specific sections are not known, please provide a brief summary of the nature of the violation(s), and when it (they) occurred.) You must state the suspected violation(s) on this form. Failure to file form 700 for 2009.
E-mail: Provision or Provisions of the Political Reform Act Allegedly Violated: (If specific sections are not known, please provide a brief summary of the nature of the violation(s), and when it (they) occurred.) You must state the suspected violation(s) on this form.
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Description, With as Much Particularity as Possible, of Facts Constituting Alleged Violation and how you have personal knowledge that it occurred**

located withi	
E	n the Dept of Mental Health. I have attempted in face to face meetings, emails, and
	ail to seek compliance of filing regulations. All attempts have failed. Doreen
continues to	ignore all requests.

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Name and A	r article is NOT considered evidence of a violation. ddresses of Potential Witnesses, in addition to yourself, if Known: Williams
	ddresses of Potential Witnesses, in addition to yourself, if Known:
Name and A Last Name: First Name: Street Addres	ddresses of Potential Witnesses, in addition to yourself, if Known: Williams Lisa
Name and A Last Name: First Name: Street Address 1600 9th Street	ddresses of Potential Witnesses, in addition to yourself, if Known: Williams Lisa
Name and A Last Name: First Name: Street Address 1600 9th Street City: Sacra	williams Lisa Lisa State: CA State: CA
Name and A Last Name: First Name: Street Address 1600 9th Street City: Sacration: 95814	williams Lisa Lisa State: CA State: CA
Name and A Last Name: First Name: Street Address 1600 9th Street	williams Lisa Lisa State: CA State: CA

Last Name:	***************************************		м.
First Name:			au-
Street Address:			
City:			
Zip:			
Telephone: (••••		
Fax:			
E-mail:	***************************************	_	
Last Name:	**************************************		
First Name:	MANAGEM AND		
Street Address:			
City:		The state of the s	
Zip:			
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Fax: (SA.		
E-mail:	- Market Address and Committee Commi	w	
I declare under penalty of perjury under foregoing is true and correct.	the laws	of the State of Calif	ornia that the
Redacted		aladia	
(Signature)	funit.	9/20/10 (Date)	
Michael J. Gardner (Please print your name)			
(Please print your name)			